



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday January 17, 2023 at 12:30 p.m.
Independence Conference Room:
1355 Capital Blvd. Reno NV 89520 and by Teleconference

MEMBERS OF THE PUBLIC MAY ATTEND TELPHONICALLY BY CALLING THE NUMBER LISTED BELOW.
(be sure to keep your phones on mute, and do not place the call on hold)

Phone: (775) 325-5404
Meeting ID: 408 270 484#

1. Roll call*
2. Public comment-limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the October 18, 2022 minutes **(For Possible Action)**
5. Discussion and request to appoint TMWA section 115 Other Post-Employment Benefit Plan and Trust Trustee Chairperson and Vice Chairperson for two-year term beginning January 1, 2023 through December 31, 2024 --Rosalinda Rodriguez **(For Possible Action)**
6. Discussion and action on signing §115 Other Post-Employment Benefit Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form—Rosalinda Rodriguez **(For Possible Action)**
7. Review and approval of Other Post-Employment Benefit Plan & Trust calculation for TMWA Retiree Richard Betty – Rosalinda Rodriguez **(For Possible Action)**
8. Review and consideration for approval of request(s) for reimbursement of premiums—Rosalinda Rodriguez **(For Possible Action)**
9. Presentation of the Budget for Calendar year 2023 –Ana Rodriguez **(For Possible Action)**
10. Discuss plan amendments as they pertain to Exhibit A, A-1, and A-2 and whether or not dental is a reimbursable expense for Tier II retirees – Jessica Atkinson **(For Possible Action)**
11. Review of Retirement Benefits Investment Fund (RBIF) performance review – Matt Bowman*
12. Trustee comments and requests for future agenda items*
13. Public comment-limited to no more than three minutes per speaker*
14. Adjournment **(For Possible Action)**

NOTES:

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmtwa.com>.

2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call 834-8002 before the meeting date.
3. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
4. Asterisks (*) denote non-action items.
5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a "Request to Speak" card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.



Section 115 Post-Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*

DRAFT October 18, 2022 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 18, 2022 through in person and teleconference.

Matt Bowman, Chairman, called the meeting to order at 12:30 p.m.

1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.

A quorum was present.

Voting Members Present:

Matt Bowman
Charles Atkinson
Sandra Tozi

Voting Members Absent:

Randall VanHoozer

Members Present

Jessica Atkinson
Rosalinda Rodriguez
Gus Rossi

Members Absent:

Mike Venturino

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.

4. APPROVAL OF THE JULY 19, 2022 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 19, 2022 meeting minutes.

5. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR CALENDAR YEAR 2023

Ms. Rodriguez reviewed the proposed dates for calendar year 2023:

Tuesday January 17, 2023

Tuesday April 18, 2023

Tuesday July 18, 2023

Tuesday October 17, 2023

Held at the same time they have been scheduled for at 12:30 PM

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the proposed date and times for the 2023 calendar year.

6. DISCUSS TRUSTEE APPOINTMENTS FOR TERM JANUARY 1, 2023 THROUGH DECEMBER 31, 2024

Ms. Atkinson advised that the request to appoint trustees will be taken to the TMWA board of directors for approval so that official appointment and selection of chair and vice chair can occur during the January 2023 meeting.

For informational purposes only.

7. DISCUSS UPDATING AUTHORIZED SIGNERS FOR THE RETIREMENT BENEFITS INVESTMENT FUND (RBIF)

Mr. Bowman presented in Ms. Sophia Cardinal's absence and advised the authorized signers would be updated as the current representatives listed included former CFO Michele Sullivan and is requesting approval from Trustee's to remove her name and add Sophia Cardinal.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved to remove Michele Sullivan as an authorized signer and add Sophia Cardinal.

8. UPDATE ON DISCUSSION AND INTERPRETATION FOR POSSIBLE DIRECTION FOR STAFF REGARDING ELIGIBILITY AFTER SEPARATION OF EMPLOYMENT

This was a carryover from an item originally presented in October of 2021.

Ms. Rodriguez advised that after the July 19th meeting a subcommittee was held and during that meeting it was determined that further legal review was needed regarding the interpretation of the language within the document as well as applicable Nevada Revised Statute interpretation.

Ms. Stefanie Morris, Director of Legal & Regulatory Affairs advised that there were three questions reviewed:

Question 1: Is a former Tier II employee who separated TMWA service (not for retirement purposes) eligible to rejoin the OPEB trust if rehired by TMWA.

In further research with the specific circumstances to the individual who posed the question and reading the definition of a Tier II retirees in section 2.13 (ii) of the plan document, it would only be those who became TMWA employees as a result of the merger with Washoe County.as the individual left his employment with TMWA and if rehired would no longer be eligible as they would not be becoming employee's as a result of the merger.

Question 2: If an individual who transferred to TMWA as part of the Washoe County merger then they resigned from their employment from TMWA one month after the merger then went to work with Tahoe City Public Utility District, which is also a public agency in California. If they were to later apply for benefits under the Trust, would they be eligible? What is the definition of a public employer? Does that mean the individuals public employment in California would disqualify them, or does it only mean a Nevada Public Employer?

After researching the plan document it is the opinion of legal that the response to this would be no as the plan document Exhibit B stats "Retiree who separates from service form TMWA prior to his or her retirement may receive Benefits from the Trust if TMWA was the Retiree's last public employer..." As such the individual would not be eligible as TMWA would not be the members last public employer.

Question 3: Can an eligible retiree continue to remain on plans offered by TMWA if they do not immediately enroll in and receive a PERS benefit following their retirement.

The answer is no. The plan document states that a participant may elect coverage under the Health plans that made available to TMWA's active employees who are entitled to receive health and life benefits. This is not consistent with the NRS which states that in order to be eligible for health and life benefits under the trust a member must be enrolled in the PERS retirement system and drawing benefits.

A motion was made to direct staff to draft a redline revision of the plan addressing the questions discussed and include clarifying language to comply with the applicable NRS regarding eligibility for benefits.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved to direct staff to draft a redline revision of the plan document addressing the questions discussed and include clarifying language to comply with the applicable NRS regarding eligibility for benefits.

9. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND (RBIF) PERFORMANCE REVIEW

Mr. Bowman reviewed the RBIF dated June 30, 2022. The fiscal year to date return on the RBIF is currently -9.4% and the total Market Return is -9.8%. Mr. Bowman advised the equities have been bad over the last 9 months.

For informational purposes only, no action required.

10. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF review

Reimbursement requests if applicable

Revised plan document for review

Chair and Vice Chair selections

Budget

11. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

There was no public comment.

12. ADJOURNMENT

With no further business to discuss, Chairperson Bowman adjourned the meeting at 12:57 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary



STAFF REPORT

TO: Board of Trustees of the Other Post-Employment Benefit §115 Trust
FROM: Rosalinda Rodriguez, TMWA Human Resources Technician
DATE: 01/17/2023
SUBJECT: **Discussion and request to appoint TMWA Other Post-Employment Benefit §115 Trust Trustee Chairperson and Trustee for two-year term beginning January 1, 2023 through December 31, 2024**

Recommendation

TMWA staff recommends that the Board of Trustees discuss and decide which Trustees will serve as Chairperson and Vice Chairperson for a two-year term beginning January 1, 2023 through December 31, 2024.

Discussion

Move to appoint Trustee, _____ to serve a two year term as Chairperson of the TMWA Other Post-Employment Benefits §115 Trust Board of Trustees.

Move to appoint Trustee, _____ to serve a two year term as Vice Chairperson of the TMWA Other Post-Employment Benefit §115 Board of Trustees.

Background

During their meeting on December 08, 2022 The TMWA Board confirmed §115 Trustee appointments of Matt Bowman, Chief Financial Officer, Sandra Tozi, Sr. Financial Analyst, Chuck Atkinson, Distribution Supervisor (Tier II Beneficiary), and Randy VanHoozer (Tier II Beneficiary) for the two year term beginning on January 1, 2023 and ending on December 31, 2024.

Trustee Bowman has been serving as Chairperson of the TMWA Other Post-Employment Benefits §115 Trust since 2022.

Trustee Atkinson has been serving Vice Chairperson of the TMWA Other Post-Employment Benefits §115 Trust since January 1, 2015.

Truckee Meadows Water Authority Standard Operating Procedure (SOP)			
Subject: Conflict of Interest and Disclosure Policy			Source: OPEB Plan Document
Department: §115 OPEB Trust Fund			Supersedes: N/A
Effective Date: 02/01/2017	Revision Date:	Reviewed Date: 02/21/2017	Page 1 of 7

Purpose:

The Board of Trustees of the Truckee Meadows Water Authority §115 OPEB Plan and Trust (the "Trust") recognize that honesty, integrity, accountability, responsibility, openness and disclosure of financial relationships and interests are absolutely essential to the administration of the Trust.

The Board of Trustees of the Trust (sometimes referred to as the "Board") deems it necessary and appropriate that the highest standards of ethical behavior, accountability and responsibility be maintained. To achieve this end, the Board has adopted the following Conflict of Interest and Disclosure Policy (the "Policy"). The purpose of this Policy is to protect the interests of the Trust and its participants when the Trust is contemplating entering into a transaction or arrangement that might benefit the private interest of a Trustee of the Trust. Even though the Trustees receive no compensation from the Trust for their service, the Board unanimously agrees that, in order to prevent any potential conflict of interest, there should be proper disclosure of those matters concerning potential conflicts that could arise. Full disclosure of any situation in doubt should be made so as to provide for an impartial and objective determination.

Definitions:

For the purposes of this Policy:

- An "interested person" shall mean a Trustee, officer, or member of a Trust committee with governing board delegated powers, who has a direct or indirect financial interest as defined below.
- An interested person has a "financial interest" if the person has, directly or indirect through business, investment or family:
 - An ownership interest or investment interest in any entity with which the Trust has a transaction or arrangement;
 - A compensation arrangement with the Trust or with any entity or individual with which the Trust has a transaction or arrangement; or
 - A potential ownership or investment interest in, or compensation arrangement with, an entity or individual with which the Trust is negotiating a transaction or arrangement.
- The term "family" means a parent, spouse, sibling, child, grandparent, grandchild, great-grandchild, in-law, or domestic partner of an interested party, or any step relation to an interested person.

Covered Persons:

This policy applies to the Trust and its Board. Trustees serve the participants of the Trust. All decisions of the Trustees are to be made solely on the basis of a desire to promote the best interests of the Trust and its participants.

Men and women of substance inevitably are involved in the affairs of other organizations. Trustees cannot consist of individuals entirely free from at least perceived conflicts of interest. Although most such potential conflicts are and will be deemed to be inconsequential, it is the Trustees' responsibility to ensure that they are made aware of situations that involve personal, familial, or business relationships that could be troublesome for the Trust. Thus, each Trustee and member of a Trust committee with governing board delegated powers is required to annually sign a statement which affirms that such person:

- Has received a copy of the Policy;
- Has read and understand the Policy;
- Has agreed to comply with the Policy;
- Has agreed to disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict of interest; and
- Understand that the Trust is exempt from Federal Income taxes and in order to maintain its federal tax-exempt status it must engage in activities which accomplish one or more of its tax-exempt purposes.

Policy:

General Policy Statement Defining Conflicts of Interest:

In addition to the specific circumstances that may be prohibited by federal or state law, the following situations may constitute an actual or potential conflict of interest:

- An interested person (as defined in Definition Section above) has a direct or indirect financial interest (as defined in Definition Section above) in a transaction involving the Trust;
- An interested person has a material financial interest in a transaction involving the Trust. This includes entities in which the interested person and all individuals or entities having significant relationships with the interested person own, in the aggregate, more than five (5) percent;
- An action by an interested person involving the Trust where the interested person may receive a personal gain or advantage;
- An action or transaction involving the Trust which has or may have an adverse effect or impact on the Trust and results or may result in the personal gain of an interested person or family member of an interested person;
- An action or transaction involving the Trust, where an interested person obtains or assists in obtaining for a third party an improper gain from, or an unfair advantage, of the Trust; and
- An interested person or family member serves on the governing board of another private or governmental entity or organization which directly or indirectly has oversight over Trust investments.

Disclosure and Procedures Relating Thereto:

- Duty to Disclose - In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the actual or possible conflict of interest and be given the opportunity to disclose all material facts to the Trustees of the proposed transaction or arrangement, even if such interest, relationship or responsibility has otherwise generally been disclosed to the Trust. In addition, an interested person is required to disclose any adjudication of bankruptcy within the most previous five (5) years.
- Determining Whether a Conflict of Interest Exists - After disclosure of the actual or potential conflict of interest and all other material facts, and after any discussion with the interested person who makes the disclosure, he/she shall leave the Board while the determination of a conflict of interest is discussed and voted upon. The remaining members of the Board shall decide if a conflict of interest exists.
- Procedures for Addressing the Conflict of Interest.
 - An interested person may make a presentation at the Board meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - The Chairperson of the Board may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - After exercising due diligence, the Board shall determine whether the Trust can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
 - If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested Trustees whether the transaction or arrangement is in the Trust's best interest, for its own benefit, and whether to enter into the transaction or arrangement. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Violations of the Policy:

If the Board or committee has reasonable cause to believe an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Resignation:

In circumstances where an interested person has a significant, ongoing and irreconcilable conflict, and where such personal or outside interest, relationship or responsibility significantly impedes the interested person's ability to carry out his or her fiduciary responsibility to the Trust, resignation from the Trust or termination of the conflicting interest may be appropriate and/or required. Should an ongoing and irreconcilable conflict arise, the Trustees have the authority to remove an interested person from office as a Trustee before the 60 days indicated in the Trust plan document entitled "Removal and Resignation of Trustee."

Records of Proceedings:

The minutes of the governing board and all committees with board delegated powers shall contain:

- Names of persons who disclosed or had a financial interest - The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's decision as to whether a conflict of interest in fact existed.
- Names of Persons Present for Discussions - The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Compensation:

- Trustee Precluded on Voting on own Compensation - A Trustee who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
- Committee Member Precluded on Voting on own Compensation - A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
- Prohibition from Providing Compensation Information - A Trustee or voting member of a committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Periodic Reviews:

To ensure the Trust operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- Compensation Arrangements and Benefits - Whether compensation arrangements and benefits, if any are reasonable, based on competent survey information, and the result of arm's length bargaining.
- Arrangements Conform to Trust's Policies, etc. - Whether partnerships, joint ventures, and arrangements with other organizations conform to the Trust's written policies, are properly recorded, reflect reasonable investment or payments for goods and services,

further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

- Use of Outside Experts – When conducting the periodic reviews as provided for above, the Trust may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

APPROVAL(S):



Michele Sullivan, Chairperson, OPEB
Board of Trustees

APPROVAL(S):



Chuck Atkinson, Vice Chairperson,
OPEB Board of Trustees

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§115 OPEB Plan and Trust

Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form

It is mandatory that the OPEB Plan and Trust has a disclosure on file at least once each year for each Trustee. Should there occur a change in status during the year, an amended disclosure form should be filed.

1. Have you been provided with a copy of the Policy?
☐ Yes ☐ No
2. Have you read and do you understand the Policy?
☐ Yes ☐ No
3. Do you agree to comply with the Policy, including the disclosure of any personal, familial, or business relationships that could give rise to a conflict of interest?
☐ Yes ☐ No
4. Do you understand that the Trust is exempt from Federal Income taxes and in order to maintain such status it must engage in activities which further its exempt purpose?
☐ Yes ☐ No
5. Is there any direct or indirect business relationship with the Trust between yourself or a member of your family that may represent a conflict of interest?
☐ Yes ☐ No
 - If Yes, please list or elaborate such relationships and the details of annual or potential financial benefit as you can best estimate them:
6. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source from which Trust goods or services or otherwise has significant business dealings?
☐ Yes ☐ No
 - If Yes, please list such loans or gifts, their source, and their approximate value:
7. Please identify your main employer and any consulting contracts or board seats you may have with Trust business partners, members or sponsors:
8. Please identify an business relations you may have with other Trustees and the nature of those:

Trustee Print Name

Date

Trustee Signature

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

DATE RANGE From 01-01-2022
To 10-31-2022

RETRIEE INFORMATION:

Name:

Employee #: 50424

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/22	Medicare Part B	SSA.	170 ¹⁰	
1/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
2/22	Medicare Part B	SSA.	170 ¹⁰	
2/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
3/22	Medicare Part B	SSA.	170 ¹⁰	
3/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
4/22	Medicare Part B	SSA.	170 ¹⁰	
4/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
5/22	Medicare Part B	SSA.	170 ¹⁰	
5/15/22	Med Sup. PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
6/22	Medicare Part B	SSA.	170 ¹⁰	
6/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
7/22	Medicare Part B	SSA.	170 ¹⁰	
7/15/22	Med Sup PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
8/22	Medicare Part B	SSA.	170 ¹⁰	
8/15/22	Med Sup. PLAN G	Mutual of Omaha	148 ⁴³	318 ⁵³
9/22	Medicare Part B	SSA.	170 ¹⁰	
9/15/22	Med Sup PLAN G	Mutual of Omaha	164 ⁶²	334 ⁷²
10/22	Medicare Part B	SSA.	170 ¹⁰	
				170 ¹⁰
			\$0.00	

Medicare Eligible?

☒ YES ☐ NO

Total

3,053.12

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: 10/12/2022

OPEB Approval*: _____

Date: _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

Accounting Approval**: _____

Date: _____

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Social Security Administration Benefit Verification Letter

Date: October 12, 2022

0201BEV7X28XD6L CCM.M72.BEV7X.R221012

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2021, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment is [REDACTED]
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2020 to November 2021, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment was [REDACTED]
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

See Next Page



Information About Current Social Security Benefits

Beginning June 1975, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.
(We must round down to the whole dollar.)

Benefits were stopped beginning June 1975.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

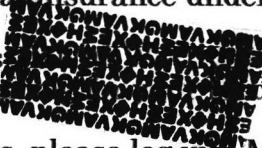
Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2018.

You are entitled to medical insurance under Medicare beginning June 2018.

Your Medicare number is . You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is 

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-888-808-5481.

SOCIAL SECURITY
1170 HARVARD WAY
RENO NV 89502





Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 01/18/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:36 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 02/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:38 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 03/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:39 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 04/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:39 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 05/16/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:40 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 06/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:41 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 07/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:41 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 08/15/2022

Amount Paid **\$148.43**

Generated: 10/12/2022 01:42 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **10/01/2022**

Payment Details

Date Processed 09/15/2022

Amount Paid **\$164.62**

Generated: 10/12/2022 01:42 PM

01/17/2023 OPEB §115 Agenda Item 08_B

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

DATE RANGE From 1/12/22
To 12/14/22

RETRIEE INFORMATION:

Name:

Employee #: _____

Address:

Phone #:

Expenses

[illegible]

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: _____

OPEB Approval*: _____

Date: _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

Accounting Approval**: _____

Date: _____

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Social Security Administration Benefit Verification Letter

Date: December 16, 2022

0201BEV9Q2NPG8P CCM.M72.BEV9Q.R221216

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment is [REDACTED]
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment was \$ [REDACTED]
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

See Next Page



Information About Current Social Security Benefits

Beginning April 2018, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.
(We must round down to the whole dollar.)

Benefits were stopped beginning April 2018.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.


Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Medicare Information

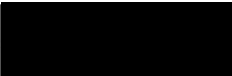
You are entitled to hospital insurance under Medicare beginning April 2016.

You are entitled to medical insurance under Medicare beginning May 2018.

Your Medicare number is . You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is 

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-888-808-5481**.

SOCIAL SECURITY
1170 HARVARD WAY
RENO NV 89502



my Social Security

Sign Out

Payment History and Overpayments


Overpayments [? What are overpayments?](#)

You do not currently have any overpayments.

Payment History

Your **monthly payment amount can change** depending on the types of benefits you receive, as well as any adjustments in your premiums or deductions.

<u>Date</u>	▼ Payment Type	Amount
12/14/2022	▼ Social Security (Retirement)	
11/09/2022	Social Security (Retirement)	
10/12/2022	Social Security (Retirement)	
09/14/2022	Social Security (Retirement)	
08/10/2022	Social Security (Retirement)	
07/13/2022	Social Security (Retirement)	
06/08/2022	Social Security (Retirement)	
05/11/2022	Social Security (Retirement)	
04/13/2022	Social Security (Retirement)	
03/09/2022	Social Security (Retirement)	
02/09/2022	Social Security (Retirement)	

▼ **Payment Type****Amount**

01/12/2022	Social Security (Retirement)
12/08/2021	Social Security (Retirement)
11/10/2021	Social Security (Retirement)
10/13/2021	Social Security (Retirement)
09/08/2021	Social Security (Retirement)
08/11/2021	Social Security (Retirement)
07/14/2021	Social Security (Retirement)
06/09/2021	Social Security (Retirement)
05/12/2021	Social Security (Retirement)
04/14/2021	Social Security (Retirement)
03/10/2021	Social Security (Retirement)
02/10/2021	Social Security (Retirement)



my Social Security

[Sign Out](#)

Welcome, [REDACTED]

You last signed in on **December 16, 2022 at 2:27 PM ET.**



Your Social Security Statement

You can download your statement as a PDF or an XML file.



Your Benefit Verification Letter

This is your proof of income letter.



Replace Your Social Security Card



Benefits and Payments

Benefit Summary

[REDACTED] **total** monthly benefit before deductions



View your payment history and overpayment details

Need to update your **contact** or **direct deposit** information? Go to  My Profile.



Social Security (Retirement)

Active

[REDACTED] next payment before deductions

Next Payment Date: **January 11, 2023**

Payments are made on the **2nd Wednesday** of every month

Payments are made by **Direct Deposit**

Last payment: December 14, 2022

Monthly Benefit Amount:

Medicare Premium(s):

[REDACTED]
-\$170.10

Other Deductions:

Last Payment Total:



Medicare Enrollment Details

Status: **Enrolled**

Part A (Hospital Insurance)

Your coverage started **April 2016**. Your monthly premium is **\$0.00** (as of April 2016).

Part B (Medical Insurance)

Your coverage started **May 2018**. Your monthly premium is **\$164.90** (as of December 2022).

For **Part C (Medicare Advantage)** and **Part D (Medicare Prescription Drug Coverage)** details, please contact Medicare for the status of your enrollment.

Replace your Medicare Card

Medicare Questions?

This information should not be used as proof of coverage. It is provided by the Center for Medicare Services and **may not reflect recent updates**.

Please call **1-800-633-4227** or visit Medicare.gov for assistance. If you

§115 Post- Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*



TO: Board of Trustees of the TMWA §115 Post-Retirement Medical Plan & Trust
FROM: Ana Rodriguez, TMWA Senior Accountant
DATE: January 17, 2023
SUBJECT: **Presentation of the Budget for Calendar Year 2023**

Recommendation

TMWA staff recommends the Trustees approve the calendar year 2023 budget.

Discussion

The following report is attached:

- Truckee Meadows Water Authority Section 115 Post-Retirement Medical Plan & Trust (Section 115) Budget for Calendar Year 2023

The budget reflects expected additions to and deductions from Section 115 during the year. The following items are noteworthy for 2023:

- The budget for Employer Contributions is \$33,596 per the most recent actuarial valuation. TMWA conducts an actuarial analysis every two years to make sure funding levels are adequate.
- Net Appreciation (Depreciation) in Fair Value of Investment is not budgeted as unrealized gains and losses are difficult to accurately predict.
- The budget for Benefits Paid is \$70,900 and covers health premiums, life insurance premiums, and reimbursements to retirees for outside coverage.
- Trust activity is projected to result in a net decrease of \$11,710, primarily due to the reduced employer contribution noted above and retiree, Randy VanHoozer, dropping coverage.
- As of December 2022, Section 115 provides benefits to 7 retirees.

Truckee Meadows Water Authority
Section 115 Post-Retirement Medical Plan & Trust
Budget for Calendar Year 2023

Additions

Contributions		
Employer	\$	33,596
Plan Members		19,000
Total Contributions		52,596
Investment Income		
Net appreciation (depreciation) in fair value of investment		-
Investment income		26,000
Less investment expenses		(375)
Net investment income		25,625
Total Additions		78,221

Deductions

Benefits paid		70,900
Administrative expenses		19,030
Total Deductions		89,930
Net Increase (Decrease)	\$	(11,710)

Retirement Benefits Investment Fund

September 30, 2022

Performance Gross of Fees

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 331,402,246	50.5%	50.2%	-4.8%	-15.4%	8.2%	9.2%	11.7%	9.0%
Market Return				-4.9%	-15.5%	8.2%	9.2%	11.7%	8.9%
Int'l Stocks- MSCI World x US Index	\$ 139,896,488	21.5%	21.2%	-9.1%	-23.6%	-0.9%	-0.1%	4.1%	1.8%
Market Return				-9.2%	-23.9%	-1.2%	-0.4%	3.9%	1.6%
U.S. Bonds- U.S. Bond Index	\$ 184,810,425	28.0%	28.0%	-4.5%	-7.0%	0.1%	1.7%	1.6%	2.8%
Market Return				-4.4%	-7.8%	-0.2%	1.6%	1.4%	2.6%
	\$ 4,009,424	0.0%	0.6%						
Total RBIF Fund	\$ 660,118,583	100.0%	100.0%	-5.8%	-14.9%	4.7%	5.6%	7.4%	6.1%
Market Return				-5.6%	-15.0%	4.2%	5.3%	7.2%	6.0%